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W5-41124

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: DESIGN RESOURCES OF FLORIDA, LLC. (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:  # 2  DAVID K STIFFLY AND JEANINE RODRIEVEL-STEELY  (Name of Person)
DESIGN RESOURCES OF FLORIDA, LLC. (Firm/Company)
761 W. CAMINO REAL (Address)
BOCA RATON, FL 334860 (City/State and Zip Code)
For further information concerning this matter, please call:  DAVID STEELY OF  TEAUNE RODRIGUEZ STEELY at (501) 213-8088  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status &

# STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

## MAILING ADDRESS:

(additional copy is enclosed)

Certified Copy (additional copy is enclosed).

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

DESIGN RESOURCES OF FLORIDA, LLC.

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Florida street address (P.O. Box NOT acceptable)

BOCA RATOU FL 334860
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter, 608, F.S..

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows:

Pena da	1 5 1 7	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	JEANNE RODEKOUEZ-STEELY TWO W. CAMINO REAL BOXA RATON, FL 33486	
MGRM- DESIGNER	DANID K STEELY TKOI W. CAMIND REAL BOXA RATION FL 33480	
(Use attachment if necessary)		
NOTE: An additional article must be added if an effective date is requested.		

**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

TEAULIE RODDIC-VET de STEEY

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)